

<p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p>	<p>Policy Number</p> <p style="text-align: center;">27-30-01</p> <p>Date Filed</p> <p style="text-align: center;">December 14, 2005</p>	<p>Total Pages</p> <p style="text-align: center;">3</p> <p>Effective Date</p> <p style="text-align: center;">March 31, 2006</p>
<p>Authority/References</p> <p>KRS 17.495, 17.500, 17.510, 17.520, 530.020, 530.064, 531.310</p>	<p>Subject</p> <p style="text-align: center;">OFFENDER REGISTRATION</p>	

I. DEFINITION

“Registrant” is defined in KRS 17.500(4).

II. POLICY and PROCEDURE

- A. The registrant notification form shall be forwarded to the sentencing court with the presentence investigation. The completed form shall be forwarded to the Kentucky State Police Information Center by the parole officer.
- B. A registrant entry form shall be completed by the probation and parole officer for each registrant.
 1. The remarks area of the form shall contain:
 - a. Information pertinent to the offense, including the exact nature of the unlawful sexual conduct;
 - b. The age and sex of the victim; and
 - c. The relationship of the victim and offender.
 2. This information shall be verified by the presentence investigation, if it is available.
 3. In compliance with the Federal Campus Sex Crimes Prevention Act, Pub. L. 106-386, an offender who will be employed by, carry on a vocation with, or be a student with a institution of higher education in Kentucky, shall notify the local Probation and Parole Office. The registrant shall inform the local Probation and Parole Office of the institution where the offender will be employed or a student on or before the date of the offender’s arrival at that institution of higher education. The offender shall immediately report any changes in employment status at the institution of higher education to the local Probation and Parole Office in compliance with 20 U.S.C. 1001

Policy Number	Effective Date	Page
27-30-01		2

amendment to 42 U.S.C. 14071 and sign acknowledgement that they are aware of the requirements.

- C. A registrant modification document shall be completed to record any change in the registrant's address. A photograph of the offender shall be taken when each offender registers, or makes a modification, unless a current photograph is already posted on the website and is an actual depiction of the offender's current appearance. This photograph shall be submitted to the Kentucky State Police and a copy kept on file.
- D. The probation and parole officer shall forward completed registrant entry forms and modifications to: Kentucky State Police, Records Section, 1250 Louisville Road, Frankfort, Kentucky 40601.

Information on the form other than that posted on the Sex Offender Registry shall be open to inspection by law enforcement agencies only.

Any registrant who changes his address shall register as required by KRS 17.510(10). A post office box number is not a valid address and shall not be used.

- E. When any registrant changes his address to a new state, the representative of Division of Probation and Parole shall advise the registrant that he has an obligation to register in the new state and notify the appropriate agency responsible for registration in the new state of the registrant information. See CPP 27-14-01 for those offenders who are on supervision in another state.
- F. The officer shall inform each registrant who is on probation, parole or any form of supervised release of the requirement that any registrant while on any form of supervised release shall not live within 1000 feet of a school or licensed daycare pursuant to KRS 17.495. The officer shall verify compliance.
- G. Each offender required to register under KRS 17.520(5) shall be required to register for his lifetime. The Probation and Parole office shall notify and have the offender sign an acknowledgment that the offender is aware of the appeal policy. It is the offender's obligation to prove that the ten (10) year registration requirement is appropriate and not a lifetime designation. Any offender whose crime, if committed in Kentucky, would require registration for ten (10) years may appeal the lifetime registration requirement to the Assistant Director of the Division of Probation and Parole or designee. Any appeal shall be filed within sixty (60) days from the date of registration. The appeal shall be in writing and include: (1) a copy of the judgment of conviction from the foreign jurisdiction; (2) a description of the offense, including the information required in section II.B. 1. in this policy; and (3) a copy of the indictment, citation or other charging document which describes the conduct constituting the offense.

Policy Number	Effective Date	Page
27-30-01		3

- H. If the decision on appeal is not satisfactory to the offender, an appeal can be submitted to the Director of Probation and Parole who shall review the appeal and render a decision whether the offense meets the criteria established in KRS 17.520 for a ten (10) year registration period within ninety (90) days from receipt of the appeal. The Director shall notify the registrant of his decision in writing by mailing his decision, via first class mail, to the last known address of the registrant.
- I. Each offender will be limited to one appeal except for issues that could not have been raised in the earlier appeal.
- J. The penalties for noncompliance are set forth in KRS 17.510(11) and (12).
- K. If the Department of Corrections receives a letter of noncompliance from Kentucky State Police, the registrant's name, date of birth, date of receipt of letter, the date and the Probation and Parole District representative's name the letter was forwarded to for action, shall be entered in a database. A copy of the letter shall be retained in a file in Central Office. The original shall be forwarded to the designated Probation and Parole district representative and they shall document the date received and who the letter was assigned to follow up. The officer shall consider if revocation is appropriate and notify the appropriate County Attorney and Commonwealth's Attorney for prosecution in accordance with KRS 17.510 (13) (b). The officer shall record the date forwarded to the appropriate authority.

*CPP 27-30-01

KENTUCKY CRIMINAL OFFENDER REGISTRY FORM

Attachment I

☐ New

☐ Modification

Photo:_____ Prints:_____ DNA:_____ SVP:_____ C/MC:_____

SON:_____

SID#:_____

FBI#:_____

NAME

Last Name

(JR, SR, III, etc.)

First Name

Middle Name

ALIAS NAME

Alias Last Name

(JR, SR, III, etc.)

Alias First Name

Alias Middle Name

Social Security Number

Date of Birth

Sex

Race

Height

Weight

Hair Color

Eye Color

Scars, Marks & Tattoos

ADDRESS

Street No.

Street Name

Apt/Unit No.

City

State

Zip Code

County

PREVIOUS ADDRESS (Modification Form Only)

Street No.

Street Name

Apt/Unit No.

City

State

Zip Code

County

RELEASE AND EXPIRATION DATE INFORMATION

+10 Years

or Lifetime

Conviction Date

Date Released

Maximum Date Released

Registry Expiration Date

Remarks/Description of Crime: (must include Offense Title and KRS Number, i.e. Rape 1st, 510.040)_____

Relationship of Victim to Offender: _____

Victims Age: _____

☐ Relative ☐ Acquaintance ☐ Stranger

(Check all that apply)

Victim: Sex ☐ Male ☐ Female

(Check all that apply)

SPECIAL CONDITIONS IMPOSED BY THE RELEASING AUTHORITY

1.) _____

2.) _____

3.) _____

4.) _____

I have been notified that the above information is being sent to the Kentucky State Police in order to place me on the **Offender Register**. I also understand that prior to any change of address, I am required to notify the local Probation and Parole Office. I understand that I must register in any state in which I relocate, have employment, am a student or carry on a vocation until the expiration of my registration period. I further understand that I will be required to verify my address periodically with the Kentucky State Police in whatever form they deem appropriate and that my failure to comply with any portion of this law is a **Class D felony**.

Registrant's Signature

Date Signed

Authorizing Official Name (Please Print)

Date Signed

Title

Phone Number

Original Copy: Kentucky State Police (Attn: SOR) 1250 Louisville Road, Frankfort, KY 40601

Second Copy: File

Third Copy: Offender

P:225

Revised 3/2000

*CPP 27-30-01

KENTUCKY CRIMINAL OFFENDER REGISTRY FORM

Attachment II

☐ Move-In

☐ Stranger

Photo:_____ Prints:_____ DNA:_____ SVP:_____ C/MC:_____

SON:_____

SID#:_____

FBI#:_____

NAME

Last Name

(JR, SR, III, etc.)

First Name

Middle Name

ALIAS NAME

Alias Last Name

(JR, SR, III, etc.)

Alias First Name

Alias Middle Name

Social Security Number

Date of Birth

Sex

Race

Height

Weight

Hair Color

Eye Color

Scars, Marks & Tattoos

ADDRESS

Street No.

Street Name

Apt/Unit No.

City

State

Zip Code

County

PREVIOUS ADDRESS (Or Non-Kentucky Address)

Street No.

Street Name

Apt/Unit No.

City

State

Zip Code

County

Purpose in Kentucky:_____

1=Student 2=Vocation 3=KY Employment

Remarks

RELEASE AND EXPIRATION DATE INFORMATION

+10 Years

or Lifetime _____

Conviction Date

Date Released

Maximum Date Released

Registry Expiration Date

Remarks/Description of Crime: (must include Offense Title)_____

Relationship of Victim to Offender:
Victims Age: _____

☐ Relative ☐ Acquaintance ☐ Stranger
(Check all that apply)

Victim: Sex ☐ Male ☐ Female
(Check all that apply)

State/Territory Requiring Registration
(If other than KY)

☐
Military Court

☐
Federal Court

Registry Expiration Date

K=KY Applied, O=Original State

Basis for LIFETIME REGISTRATION

I have been notified that the above information is being sent to the Kentucky State Police in order to place me on the **Offender Register**. I also understand that prior to any change of address, I am required to notify the local Probation and Parole Office. I understand that I must register in any state in which I relocate, have employment, am a student or carry on a vocation until the expiration of my registration period. I further understand that I will be required to verify my address periodically with the Kentucky State Police in whatever form they deem appropriate and that my failure to comply with any portion of this law is a **Class D felony**.

Registrant's Signature

Date Signed

Authorizing Official Name (Please Print)

Date Signed

Title

Phone Number

Original Copy: Kentucky State Police (Attn: SOR) 1250 Louisville Road, Frankfort, KY 40601

Second Copy: File

Third Copy: Offender

P:226
Revised 3/2000